


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90022 020 \*\*\*150.00

DOCUMENT # P01000099021  
 1. Entity Name  
 FAMOUS PHILLY'S, INC.



Principal Place of Business  
 5901 S. RIDGEWOOD AVE.  
 PORT ORANGE, FL 32127

Mailing Address  
 5901 S. RIDGEWOOD AVE.  
 PORT ORANGE, FL 32127

4000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02252008 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-3749152

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TRAPUZZANO, JOSEPH M  
 5901 S. RIDGEWOOD AVE.  
 PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAPUZZANO, JOSEPH M	
STREET ADDRESS	5901 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCI TRAPUZZANO, MARCI	
STREET ADDRESS	5901 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SOC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPUZZANO, MARCI I	
STREET ADDRESS	5901 S. RIDGEWOOD AVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph M. TRAPUZZANO 4/22/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #